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Examiner Signature		Date Considered	12/27/2005
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Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				C m p l t I f K n w n <table border="1"> <tr> <td>Application Number</td> <td>10/712117</td> </tr> <tr> <td>Filing Date</td> <td>Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Małgorzata Bugajski</td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>Becker-1005</td> </tr> </table>		Application Number	10/712117	Filing Date	Herewith	First Named Inventor	Małgorzata Bugajski	Group Art Unit		Examiner Name		Attorney Docket Number	Becker-1005
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Sheet	2	of	2														

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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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